

EXHIBIT 3

Keith Family Wellness
312 Business Highway 53, Suite 7
Minong, WI 54859
Phone: 715-466-4400—Fax: 715-466-4401

RECEIVED
NOV 15 2021
Gergen & Gergen

November 9, 2021

Regarding Mike Eisenga

Mike Eisenga has been under my healthcare since August of 2018. I have treated him for chronic/persistent Tick borne illness consistently since that time. His symptoms have been well managed throughout these years because of a number of antibiotics he has used. He tolerates these medications well. Unfortunately within one to two months with no medications his symptoms return and become intolerable. Mike's symptoms greatly affect his overall wellbeing and general health. His symptoms include significant lower back pain, joint pain, foot pain, persistent headaches, gastrointestinal distress, night sweats, paresthesias and fatigue.

I spoke with Mike recently. Since he has been institutionalized his symptoms are returning. He is experiencing joint pain, headaches, and his night sweats are back. He is feeling very fatigued. Stress will cause an already compromised immune system to weaken even further. He must be started back on several of his medications without delay to reduce these symptoms before they worsen and create further inflammation and dysfunction.

I am willing to speak with anyone regarding Mike's health and treatment. I feel it is imperative he return to his previous treatment plan to prevent further health deterioration. Please contact me at your earliest convenience so we may coordinate the health care of Mike.

Thank you,

Rebecca Keith, FNP-BC

Rebecca Keith, FNP-BC

8/13/2021

MyChart - Health Summary

Name: Michael S Eisenga | DOB: 8/26/1971 | MRN: 35715 | PCP: Bruce A Kraus, MD.

Health Summary

Current Health Issues

Please review your health issues and verify that the list is up to date. **Call 911 if you have an emergency.**

Ulnar neuropathy at elbow of right upper extremity	Type 2 diabetes mellitus	Actinic keratitis
Mixed hyperlipidemia	Obesity due to excess calories	Paresthesias
Health maintenance examination	Nocturnal dyspnea	

Personal Notes About My Health Issues

Notes entered here will not be viewable by your doctor.

Medications

Please review your medications and verify that the list is up to date. If your medication is not listed, contact the prescribing provider to discuss the medication. **Call 911 if you have an emergency.**

8/13/2021

MyChart - Health Summary

clarithromycin 500 MG tablet

Commonly known as: Biaxin

Take 500 mg by mouth every 12 hours

 This prescription cannot be refilled through MyChart at this time.

Prescription Details

Documented by Danielle Nelson, RN


Pharmacy Details

WALGREENS DRUG STORE #10396 - 1500 W JAMES ST COLUMBUS WI
53925-1001 NWC OF INDUSTRIAL & HWY 16
1500 W JAMES ST, COLUMBUS WI 53925-1001
920-623-5459

azithromycin 500 MG tablet

Commonly known as: Zithromax

Take 500 mg by mouth once daily

 This prescription cannot be refilled through MyChart at this time.

Prescription Details

Documented by Danielle Nelson, RN

Pharmacy Details

WALGREENS DRUG STORE #10396 - 1500 W JAMES ST COLUMBUS WI
53925-1001 NWC OF INDUSTRIAL & HWY 16
1500 W JAMES ST, COLUMBUS WI 53925-1001
920-623-5459

rosuvastatin 40 MG tablet

Commonly known as: Crestor

Take 1 (one) tablet by mouth once daily

Prescription Details

Prescribed January 14, 2021

Approved by Bruce A Kraus, MD

Refill Details

Quantity 90 tablets

Pharmacy Details

WALGREENS DRUG STORE #10396 - 1500 W JAMES ST COLUMBUS WI 53925-1001 NWC OF INDUSTRIAL & HWY 16
1500 W JAMES ST, COLUMBUS WI 53925-1001
920-623-5459

8/13/2021

MyChart - Health Summary

metronIDAZOLE 500 MG tablet

Commonly known as: Flagyl

Take 500 mg by mouth 2 times daily



This prescription cannot be refilled through MyChart at this time.

Prescription Details

Started taking October 10, 2020

Documented by Jessica Roundy, RN

Pharmacy Details

WALGREENS DRUG STORE #10396 - 1500 W JAMES ST COLUMBUS WI

53925-1001 NWC OF INDUSTRIAL & HWY 16

1500 W JAMES ST, COLUMBUS WI 53925-1001

920-623-5459

atovaquone-proguanil 250-100 MG tablet

Commonly known as: Malarone

Take 2 tablets by mouth 2 times daily



This prescription cannot be refilled through MyChart at this time.

Prescription Details

Started taking October 10, 2020

Documented by Jessica Roundy, RN

Pharmacy Details

WALGREENS DRUG STORE #10396 - 1500 W JAMES ST COLUMBUS WI

53925-1001 NWC OF INDUSTRIAL & HWY 16

1500 W JAMES ST, COLUMBUS WI 53925-1001

920-623-5459

metFORMIN 500 MG tablet

Commonly known as: Glucophage

Take 2 tablets by mouth 2 times daily with morning and evening meal Reasons: Type 2 Diabetes

Prescription Details

Prescribed October 13, 2020

Approved by Bruce A Kraus, MD

Refill Details

Quantity 360 tablets

Pharmacy Details

WALGREENS DRUG STORE #10396 - 1500 W JAMES ST COLUMBUS WI 53925-1001 NWC OF INDUSTRIAL & HWY 16

1500 W JAMES ST, COLUMBUS WI 53925-1001

920-623-5459

8/13/2021

MyChart - Health Summary

atovaquone 750 MG/5ML suspension

Commonly known as: Mepron

TK 10 ML PO BID



This prescription cannot be refilled through MyChart at this time.

Prescription Details

Started taking November 21, 2018

Documented by Sharon Bubolz, LPN

cetirizine 10 MG tablet

Commonly known as: Zyrtec

Take 10 mg by mouth at bedtime



This prescription cannot be refilled through MyChart at this time.

Prescription Details

Documented by Sharon Bubolz, LPN

Personal Notes About My Medications

Notes entered here will not be viewable by your doctor.

Allergies

Please review your allergies and verify that the list is up to date. **Call 911 if you have an emergency.**

Aspirin

Rash

Added 12/22/2011

Penicillins

Other

Added 8/8/2017

Personal Notes About My Allergies

Notes entered here will not be viewable by your doctor.

Immunizations

8/13/2021

MyChart - Health Summary

This is a list of immunizations that your clinic has on file for you.

HEP A VACCINE, ADULT

Dates on file: 02/12/2002,
02/12/2002

**POLIO, HISTORIC
VACCINE**

Dates on file: 02/12/2002

TD

Dates on file: 02/12/2002

**Td (Adult), 2 Lf Tetanus
Toxoid, Adsorbed, Pf**

Dates on file: 02/12/2002

Personal Notes About My Immunizations

Notes entered here will not be viewable by your doctor.

Preventive Care

Preventive medicine plays an important part in your health and overall well-being. The following procedures are recommended for people of your age, sex, and medical history.

Overdue

Colorectal Cancer Screening

Overdue

☐ Hide reminder from home page

 Request appointment

Hepatitis B Vaccine

Overdue

☐ Hide reminder from home page

 Request appointment

8/13/2021

MyChart - Health Summary

Dtap/Tdap/Td Vaccines

Overdue

Previously done: 2/12/2002

☐ Hide reminder from home page

Request appointment

Diabetic Eye Exam

Overdue

☐ Hide reminder from home page

Request appointment

Not due**Flu Shot**

Not due until September 1, 2021



Request appointment

Diabetic Hemoglobin A1C Test

Not due until January 23, 2022

Previously done: 7/23/2021, 10/12/2020,
11/15/2019, 11/20/2018, 8/8/2017, 8/2/2016,
7/30/2015

Request appointment

Diabetic Kidney (Creatinine) Screening

Not due until July 23, 2022

Previously done: 7/23/2021, 3/3/2021,
11/15/2019

8/13/2021

MyChart - Health Summary

Cholesterol Screening

Not due until July 23, 2022

Previously done: 7/23/2021, 10/12/2020,
11/15/2019, 11/20/2018, 8/8/2017, 2/7/2017,
8/2/2016, 7/27/2015

Diabetic Kidney Screening

Not due until July 23, 2022

Previously done: 7/23/2021

HIB Vaccine

Not due

Meningitis Vaccine

Not due

Personal Notes About My Preventive Care

Notes entered here will not be viewable by your doctor.

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8/13/2021

MyChart - Visit Summary

Name: Michael S Eisenga | DOB: 8/26/1971 | MRN: 35715 | PCP: Bruce A Kraus, MD

Progress Notes

Harrison M Gimbel, MD at 8/12/2021 1:29 PM

Today's visit was conducted virtually due to COVID-19 countermeasures. The patient has given verbal consent to have today's visit conducted by this same means with treatment provided remotely. The patient verbally consents to the billing and collection practices of SSM Health Medical Group.

Patient location: Home**This encounter was performed using:** audio and video

Michael S Eisenga is a 49 year old male who was referred by Bruce A Kraus, MD to the SSM Health Sleep Center for evaluation of nocturnal dyspnea.

History

Patient **endorses** the following Sleep Disordered Breathing Symptoms:

- loud snoring
- witnessed apneic episodes
- nocturia (1x/night) and falls back asleep within 2-3 hours
- unrefreshing sleep
- nocturnal nasal/sinus congestion
- daytime fatigue
- perspiration while sleeping
- GERD during sleep (occasionally)
- morning headaches
- sleep-related bruxism (unknown) but wakes up with sore jaw
- significant weight gain or weight loss
- waking up with dry mouth
- waking up with sore throat
- waking up choking for air or gasping for air
- waking up with shortness of breath
- nocturnal awakenings not related to nocturia (1-2x/night)

Patient **denies** the following Sleep Disordered Breathing Symptoms:

- excessive daytime sleepiness

Restless Leg Syndrome Symptoms:

- Urge to move legs
- Urge to move type sensation in legs
- Symptoms are worse at nighttime
- Improvement with movement
- Frequency: nightly
- Treatments tried: denies
- Bothersome: endorses

Patient **endorses** the following dream and parasomnia symptoms:

- sleep talking
- nightmares (rare)
- dream enactment behavior: has jolted or moved during sleep

Patient **denies** the following dream and parasomnia symptoms:

- sleep walking

8/13/2021

MyChart - Visit Summary

--self injurious behavior or injury to bed partner during sleep
 --confusional arousals

Patient **endorses** the following narcolepsy symptoms:

--none

Patient **denies** the following narcolepsy symptoms:

--excessive daytime sleepiness (ESS: 9)
 --sleep paralysis
 --sleep attacks
 --cataplexy
 --hypnagogic and hypnagogic hallucinations

Sleep aids: Kirkland Sleep Aid PRN (1x/month)

Caffeine use: 2 thermos' of coffee up until 4 PM (about 32 oz total)

Average bedtime: 10:30 PM - 11:30 PM

Sleep onset latency: 15-20 min

Average wake time: 8:30 AM - 9 AM

Reason for wake time: natural

Time patient is naturally sleepy: not a night owl; formerly morning lark

What patient does prior to sleep: uses electronics outside the bedroom

Naps: denies

Sleep position: lateral, prone

Marital status: divorced

Bed partner: denies

Education: some college

Occupation: self-employed - owns companies and rental properties

Alcohol use: denies

Tobacco use: denies

Drugs: denies

History of seizures: denies

Review of systems: 10 systems reviewed and pertinent positives/negatives listed above in the HPI.

Past Medical History:

Diagnosis

Date

- Knee pain
bilateral
- Mixed hyperlipidemia
- Plantar fasciitis
bilateral feet
- Type 2 diabetes mellitus

8/4/2016

2/8/2017

Family History

Problem

Relation

Name

Age of Onset

- Other
chronic Lyme
- CVA
- Diabetes - Type 2
- Sleep Disorder - Other
sleep apnea on CPAP
- Other
chronic Lyme
- Other - Cardiac
cardiovascular issues related to Lyme

Mother

Maternal
Grandfather

Father

Father

Sister

Sister

Past Surgical History:

8/13/2021

MyChart - Visit Summary

Procedure

- OTHER
- FATTY CYST
- Wisdom Tooth Extraction

Laterality

Date

Social History

Socioeconomic History

- Marital status: Single
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Vaping Use

- Vaping Use: Never used

Substance and Sexual Activity

- Alcohol use: No
- Alcohol/week: 0.0 standard drinks
- Drug use: No
- Sexual activity: Not on file

Other Topics

- Concern

Social History Narrative

- Not on file

Social Determinants of Health

Financial Resource Strain:

- Difficulty of Paying Living Expenses:

Food Insecurity:

- Worried About Running Out of Food in the Last Year:
- Ran Out of Food in the Last Year:

Transportation Needs:

- Lack of Transportation (Medical):
- Lack of Transportation (Non-Medical):

Physical Activity:

- Days of Exercise per Week:
- Minutes of Exercise per Session:

Stress:

- Feeling of Stress :

Social Connections:

- Frequency of Communication with Friends and Family:
- Frequency of Social Gatherings with Friends and Family:
- Attends Religious Services:
- Active Member of Clubs or Organizations:
- Attends Club or Organization Meetings:
- Marital Status:

Intimate Partner Violence:

- Fear of Current or Ex-Partner:
- Emotionally Abused:
- Physically Abused:
- Sexually Abused:

Current Outpatient Medications on File Prior to Visit

Medication	Sig	Dispense	Refill
• atovaquone (MEPRON) 750	TK 10 ML PO BID		2

8/13/2021

MyChart - Visit Summary

MG/5ML suspension	
• atovaquone-proguanil (MALARONE) 250-100 MG tablet	Take 2 tablets by mouth 2 times daily
• azithromycin (ZITHROMAX) 500 MG tablet	Take 500 mg by mouth once daily
• cetirizine (ZYRTEC) 10 MG tablet	Take 10 mg by mouth at bedtime
• clarithromycin (BIAXIN) 500 MG tablet	Take 500 mg by mouth every 12 hours
• metFORMIN (GLUCOPHAGE) 500 MG tablet	Take 2 tablets by mouth 2 times daily with morning and evening meal Reasons: Type 2 Diabetes
• metronIDAZOLE (FLAGYL) 500 MG tablet	Take 500 mg by mouth 2 times daily
• rosuvastatin (CRESTOR) 40 MG tablet	Take 1 (one) tablet by mouth once daily

No current facility-administered medications on file prior to visit.

Physical Exam:

There were no vitals taken for this visit.

Gen: NAD, obese

HEENT: Mallampati 1, MMM, unable to visualize tonsils, tongue with scalloping (hard to determine based on lighting), slight nasal congestion bilaterally

CV: multiple attempts to palpate pulse without success (radial arteries and carotid artery)

Resp: clear breath sounds, no increased work of breathing

Skin: no gross lesions, small circular whitish mark on right side (patient reports this is where skin cancer was removed)

MSK: neck with full ROM

Neuro: CN 2-12 grossly intact

Psych: affect appropriate

Height: 6'3.5

Weight: 285 lb

Assessment and Plan:

Michael S Eisenga is a 49 year old male with pmh significant for DM2, HLD who based on loud snoring, witnessed apneic episodes, unrefreshing sleep, nocturnal nasal/sinus congestion, daytime fatigue, perspiration while sleeping, GERD during sleep, morning headaches, sleep-related bruxism, waking up with dry mouth, waking up with sore throat, waking up choking for air or gasping for air, waking up with shortness of breath, and nocturnal awakenings not related to nocturia may have sleep disordered breathing. Ideal next step would be an in lab polysomnogram or home sleep study; however, patient is going to prison camp at the end of the month for about 2-3 years and will be in Illinois. His goal is to obtain CPAP prior to prison camp and he is willing to pursue this out of pocket if needed. His timeline is unlikely to occur within the SSM system timeline; therefore, he could consider pursuing a sleep study elsewhere but cannot speak to the reliability of other companies and how fast they can do turnaround. He was counseled at length on the aforementioned. Pros and cons of in lab polysomnograms versus home sleep apnea tests were discussed with the patient. Pathophysiology of obstructive sleep apnea, treatment options for obstructive sleep apnea, and reasons for treatment of obstructive sleep apnea discussed with the patient. Patient to return to clinic as needed.

Obesity: Counseled to try to lose weight.

8/13/2021

MyChart - Visit Summary

Patient was counseled to never drive drowsy or sleepy.

Harrison M. Gimbels, MD
Sleep Medicine

LPN Denise at 8/12/2021 1:26 PM

Epworth Sleepiness Scale	8/12/2021
Sitting and reading	2
Watching TV	2
Sitting inactive in a public place	0
Being a passenger in a motor vehicle for an hour or more	0
Lying down in the afternoon	3
Sitting and talking to someone	0
Sitting quietly after lunch (no alcohol)	1
Stopped for a few minutes in traffic while driving	1
Epworth Total Score (Total points = 24)	9

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AFTER VISIT SUMMARY



Michael S. Eisenga MRN: 91164320 DoB: 8/26/1971

8/12/2021 1:30 PM SSM Health Sleep Center - Sleep 608-229-7979

Instructions



Return if symptoms worsen or fail to improve.

Today's Visit

You saw Harrison M Gimbel, MD on Thursday August 12, 2021. The following issues were addressed:

- Snoring
- Witnessed episode of apnea
- Obesity, unspecified classification, unspecified obesity type, unspecified whether serious comorbidity present
- Sleep disturbance
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Mixed hyperlipidemia

MyChart

View your After Visit Summary and more online at <https://mychart.ssmhc.com/mychart/>. If you have questions please call 1-888-972-4278 to speak with our MyChart staff.

AUG-11-2021 09:26 From:

To:19208231581

Page:1/2

Prairie Ridge HEALTH

Inspired by you

1515 Park Avenue • Columbus, WI 53925
 Medical Records (920) 623-1528 • Fax (920) 623-1581
 ER (920) 623-1255 • ER Fax (920) 623-6441

For PRH use only:

RECEIVED BY

Patient's MRN: _____	AUG 11 2021
Account #: _____	CIOX HEALTH
Request Completed/Fulfilled by: _____	
Date: _____	

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

PATIENT:

Michael S. Eisenga
 Name of Patient/Previous Names

8-26-71 920-210-7790
 Birth Date Phone Number

146 W Mill St
 Street Address

Columbus WI 53925
 City, State, Zip Code

AUTHORIZES:

Michael S. Eisenga

TO RELEASE PROTECTED HEALTH INFORMATION TO:

Michael Eisenga
 Name of Health Care Provider/Plan/Individual/Other

146 W Mill St
 Street Address

Columbus WI 53925
 City, State, Zip Code

INFORMATION TO BE RELEASED FOR THE FOLLOWING DATES:

<input checked="" type="checkbox"/> Medical History, Examination, Reports	<input checked="" type="checkbox"/> Surgical Reports	<input checked="" type="checkbox"/> Immunizations
<input checked="" type="checkbox"/> Treatment or Tests	<input checked="" type="checkbox"/> Hospital Records, including reports	<input checked="" type="checkbox"/> Laboratory Reports
<input checked="" type="checkbox"/> X-ray Reports	<input checked="" type="checkbox"/> Allergy Records	<input checked="" type="checkbox"/> View Only Access
<input checked="" type="checkbox"/> Prescriptions	<input checked="" type="checkbox"/> Consultations	
<input type="checkbox"/> Other (Specify): _____		

PURPOSE FOR NEED OF DISCLOSURE: (Check applicable categories)

<input type="checkbox"/> Continuing Care	<input checked="" type="checkbox"/> Personal	<input type="checkbox"/> Changing Physicians
<input type="checkbox"/> Insurance Eligibility/Benefits	<input type="checkbox"/> Legal Investigation or Action	
<input type="checkbox"/> Other (Specify): _____		

Patient Name _____ Account # _____ MRN _____

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PRAIRIE RIDGE HLTH CLINIC - COLUMBUS
1515 Park Ave
Columbus WI 53925-2401
Progress Notes

Eisenga, Michael S
MRN: 35715, DOB: 8/26/1971, Sex: M
Visit date: 12/3/2018

Group Notes

No notes of this type exist for this encounter.

Multidisciplinary Progress Notes

Progress Notes Electronically Signed by Kraus, Bruce A, MD on 12/6/2018 10:58 AM

Author: Kraus, Bruce A, MD
Encounter Date: 12/3/2018
Editor: Kraus, Bruce A, MD (Physician)
Dictation Time: 12/4/2018 Trans Time:
9:43 PM

Specialty: Internal Medicine
Filed: 12/6/2018 10:58 AM

Trans Doc Type:
Progress Note

Trans Status: Available

Author Type: Physician
Status: Signed
Trans ID: CCHS1885648

NAME: EISENGA, MICHAEL
MRN: 8771 443
PROVIDER: BRUCE A KRAUS, MD

DOB: 08/26/1971
AGE: 47
SEX: M

DATE: 12/03/2018

Prairie Ridge Health Clinic Internal Medicine visit

IDENTIFICATION: Michael Eisenga is a 47-year-old male.

CHIEF COMPLAINT:

1. Hyperlipidemia.
2. Diabetes.

SUBJECTIVE: The patient returns for evaluation of these conditions. He has not been seen in this clinic for approximately 15 months. I did review 11/20/2018 lab tests with him which were shown below. He denies chest pain, polyuria or polydipsia. He acknowledges that he has not been taking the rosuvastatin properly. He had been on 20 mg tablets and had been taking only half a tablet which is only 10 mg daily. I informed him that his lipids are not under good control as a result.

PAST MEDICAL HISTORY: Reviewed.

REVIEW OF SYSTEMS: Respiratory: No report of cough or dyspnea. Cardiovascular: No report of chest pain, cardiac palpitations. Genitourinary: No polyuria or polydipsia. Musculoskeletal: No report of muscle cramping or aching.

OBJECTIVE: Vital signs: Reviewed. Lungs: Clear. Heart: Regular rate and rhythm. Neurologic: Alert, oriented to person, place and time. Moves arms and legs equally well. Gait is normal.

LABORATORY: Reviewed 11/20/2018 lipid panel with cholesterol 226, triglycerides 161, HDL 35, LDL 159 and Alc 6.3%.

Viewed &/or Printed on 8/12/21 12:02 PM

Page 1

**Bureau of Prisons
Health Services
Consultation Request**

Health Services Department
1100 1 Mile Rd
Thomson, IL 61285

22263509

Inmate Name: EISENGA, MICHAEL
Date of Birth: 08/28/1971

Reg #: 22263-509 Complex: TOM
Sex: M

Report of Consultation: Infectious Diseases

Subtype: Offsite Infectious Diseases Appt

Inmate Name: EISENGA, MICHAEL

Date of Birth: 08/26/1971

Reg #: 22263-509
Sex: M

Institution: THOMSON ADMIN USP
1100 ONE MILE ROAD
THOMSON, Illinois 61285

Assessment: This is a 50 y/o male PMH T2DM, HTN, asthma & OSA presenting with concern for clinical babesiosis. Patient has a cluster of symptoms, including fever, chills, night sweats, headaches, myalgias, left 5th finger numbness, and diarrhea. In the past, he was seeing a practitioner for these symptoms, for which he was on multiple antimicrobials; he endorsed relief with doxycycline-proguanil.

Plan: Recommend not continuing antibiotics. Recommend further work-up for other clinical syndromes, including autoimmune/rheumatologic causes. Patient does not evidence of babesiosis.

Signature
Date

[Signature]
Samuel Non, MD
12/10/21

Completed By:

Report may be hand-written or (preferably) typed on this form. If dictated on office or hospital letterhead to follow, please indicate essential findings or recommendations to be acted upon pending final report.

Follow-up services and primary responsibility for inmate health care remains with Bureau of Prisons staff. While discussion of diagnostic/treatment options with the inmate may be appropriate, they are subject to review by the inmate's primary care provider, the institution utilization review committee and/or the BOP National Formulary.

Please notify institution prior to scheduling surgery dates or follow-up appointments.

Inmate not to be informed of appointment dates.

20



AFTER VISIT SUMMARY

Michael S. Eisenga DoB: 8/26/1971

12/10/2021 10:00 AM Medicine Specialty Clinic: Infectious Disease 319-356-8133

What's Next

You currently have no upcoming appointments scheduled.

Visit this website to help find your way to and around the hospital.

Parking and In-House Directions: uihc.org/parking-and-map

Test Results

If tests were ordered, your provider will need time to review the results. Certain tests may take multiple days to finish. This means there may be a wait before your results are ready. Once your results are in, your provider will look at them. If further action is needed your provider will contact you. If you are a MyChart user, your results will be in MyChart as soon as they are available. This means that you may see a result before your provider, and some results may be difficult to understand without explanation.

Your Care Team

Catt, Jerry PCP - General

1100 ONE MILE RD THOMSON IL 61285-7750

Note: Information about this visit will be available to members of your care team.

Allergies as of 12/10/2021

	Reactions
Penicillin	Unknown
Salicylates	Unknown

Today's Visit

You were seen on Friday December 10, 2021 for: Establish Care.

	Blood Pressure		BMI
	156/96		33.71
	Weight		Height
	275 lb		6' 3.79"
	5.7 oz		
	Temperature (Temporal)		Pulse
	99 °F		90

MyChart Signup

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://mychart.uihealthcare.org/mychart/>, click "Sign Up Now", and enter your personal activation code: 6DX3Q-PSC55-KX6VQ. Activation code expires 1/24/2022.

11 2 10

Health Services Department
1100 1 Mile Rd
Thomson, IL 61285
22263-509
Michael Scott Elsenga
MRN: : 18153785

Elsenga, Michael Scott (MR # 18153785) DOB: 08/26/1971

Visit Summary
12/10/2021

Visit Information

Date & Time	Provider	Department	Encounter #
12/10/2021 10:00 AM	Non, Lemuel Benedict R, MD	Medicine Specialty Clinic: Infectious Disease	415123413

Patient-Reported Data

I have reviewed all patient-reported data on this encounter and have addressed any potential conflicts with other documentation within note(s) I have signed or cosigned to ensure accuracy.
Lemuel Benedict R Non, MD

Clinic Note by Non, Lemuel Benedict R, MD at 12/10/2021 10:00 AM

Author: Non, Lemuel Benedict R, MD	Service: MED Infectious Disease	Author Type: Physician-Staff
Filed: 12/14/2021 3:04 PM	Encounter Date: 12/10/2021	Status: Signed
Editor: Non, Lemuel Benedict R, MD (Physician-Staff)		
Related Notes: Original Note by Tholany, Joseph, MD (Physician-Fellow) filed at 12/10/2021 12:12 PM		

Infectious Disease - Clinic Note

Encounter Date: 12/10/2021

Subjective

Possible persistent Lyme disease and Babesiosis
Needs seen for determination of treatment plan

Consult:

Chief Complaint:

Chief Complaint

Patient presents with:

- Establish Care

History of Present Illness:

Michael Scott Elsenga is a 50 y.o. with past medical history of T2DM on metformin, HTN, asthma, OSA, and obesity who presents to Infectious Disease Clinic today for concern for babesiosis. History and relevant outside records were reviewed and summarized as below.

Patient was initially seen at Keith Family Wellness on 8/7/18 with concern for Lyme disease. At that time, he noted an episode when he returned from bus tour in the Far East (Thailand, Malaysia, Indonesia) and had a 3 month period of 30-35 lb unintentional weight loss. Prior to that, he saw his PCP and received vaccinations. At that time, he noted he was very sick and could hardly get out of bed. At that time, he recovered without any further therapy. At the time of establishing care, he noted pain in his ribs, shoulders, and feet, as well as drenching sweats. At that time, he was started on clarithromycin 500 mg TID, and was then started on atovaquone 750 mg BID with increase to 1500 mg BID, then cefuroxime 1000 mg BID. Unclear what the indication for these were, though the note states "clinically diagnosed Lyme disease" and "questionable malaria/Babesiosis." His night sweats resolved. He was then seen on 10/14/18, he was continued on clarithromycin, atovaquone, and cefuroxime for an additional month, after which his cefoxitin was changed to clindamycin with the addition of A-Bab drops (mixture of gou teng, cat's claw, noni, sam bong, neem, curcuma xanthorrhiza, and yarrow). On follow-up on 12/9/18, he noted improved pain and energy. He had not started the A-Bab drops. Clindamycin was discontinued, and he was started on TMP/SMX 1 DS TID and atovaquone-

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proguanil 500 mg BID in addition to continuing clarithromycin 500 mg TID and atovaquone 750 mg BID. On follow-up on 2/9/19, he remained TMP/SMX 1 DS TID and atovaquone 750 mg BID. Clarithromycin was discontinued and he was started on clindamycin 600 mg TID, along with tinidazole 500 mg BID which was to be "pulse[d] in ...three consecutive days a week". On follow-up on 4/15/19, his clarithromycin was decreased to 500 mg TID and both TMP/SMX and atovaquone were discontinued. He was kept on clindamycin 600 mg TID and started on rifampin 600 mg BID, with discussion about "Herxing" on rifampin. On 6/8/19, he noted worsening after stopping atovaquone, with increased lower back pain, arthralgias, and night sweats. TMP/SMX 1 DS TID and atovaquone 1500 mg BID was started, and clarithromycin and clindamycin were discontinued. He was also restarted on A-Bab drops, and the provider was going to try to get nitazoxanide 500 mg BID approved. On 8/10/19, he endorsed improvement after restarting atovaquone. Clarithromycin 500 mg TID and clindamycin 600 mg TID were restarted and TMP/SMX was discontinued. On 10/12/19, he was kept on atovaquone 1500 mg BID. Clarithromycin and clindamycin were discontinued, and TMP/SMX 1 DS TID and cefuroxime 1g BID was started. On 12/16/19, he was continued on atovaquone 1500 mg BID and cefuroxime 1g BID. TMP/SMX was discontinued, and azithromycin 500 mg BID was added. On 2/8/20, atovaquone, azithromycin, and cefuroxime were discontinued and he was started on atovaquone-proguanil 500 mg BID, along with clindamycin 600 mg TID and TMP/SMX 1 DS BID. On telephone consultation on 4/21/20, he was noted to have several loose stools while also on metformin, and antibiotics were held for two weeks. On telephone consultation on 10/10/20, he noted myalgias improved off rosuvastatin. He was then started on atovaquone-proguanil 500 mg BID and clarithromycin 500 mg BID, with plan to start metronidazole 500 mg BID for three consecutive days per week. He was then indicted for bank fraud with upcoming incarceration. On telephone consultation on 2/20/21, atovaquone-proguanil, clarithromycin, and metronidazole were discontinued. He was started on atovaquone 1500 mg BID, TMP/SMX 1 DS TID, and azithromycin 500 mg BID. On telephone consultation on 4/17/21, he was noted to have "slightly high" "mean platelet volume" "which in my mind can be indicative of Babesiosis." He was continued on atovaquone 1500 mg BID, azithromycin 500 mg BID, and TMP/SMX 1 DS TID, with fluconazole 200 mg TID added for groin candidal rash. On the final 8/11/21 telephone consultation, he was noted to have increased drenching night sweats. He noted he will be checked in to the local penitentiary for 2 years starting 8/31/21. At that time, the plan was to take a break from his antibiotics. He is now being referred from the penitentiary for antibiotics recommendations, presents to ID clinic on 12/10 for evaluation.

Patient seen and examined. He endorses subjective fever, chills, and drenching night sweats. He endorses pain in spine, shoulders, and neck, which he describes as feeling sore. He endorses posterior headaches and myalgias, states he cannot sleep. He states he was having left ear ache 3 weeks ago. He states that he has intermittent lingual ulcers which are nonpainful; he states the last episode was 1 week ago. He states he is having left 5th finger and partial left 4th finger numbness; he was previously seen by a neurologist, who told him he had ulnar nerve compression. He states he has been having semi-watery BMs 2 times a day; he states he self-discontinued his metformin. He states that when he is off probiotics, his stomach feels like "battery acid"; he states he has not been able to get probiotics while incarcerated. He states he also redeveloped the rash, which he is treating with clotrimazole cream. He states that he felt the most benefit with the atovaquone-proguanil.

Exposure History:

Patient previously lived at home with wife and children. He states that he does not use any drugs, including tobacco and alcohol. He previously worked as a CEO for "multiple companies." He lives in Wisconsin, and travels to Florida every winter. He has travelled to over 40 countries. He states he had recurrent ear infections as a child, but does not recall any tympanostomy tubes. He endorses family history of cancers, including colon, breast, prostate, and skin. His sister is seeing the same provider who provided the above antibiotics for "chronic Lyme".

No past medical history on file.

There are no problems to display for this patient.

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No past surgical history on file.

Current Outpatient Medications

Medication	Sig
• metFORMIN 1,000 mg tablet	Take 1,000 mg by mouth 2 times daily with meals.
• rosuvastatin 20 mg tablet	Take 40 mg by mouth daily.

Allergies

Allergen	Reactions
• Penicillin	Unknown
• Salicylates	Unknown

Family history is not on file.

Social History:

Michael reports that he has never smoked. He has never used smokeless tobacco. No history on file for alcohol use, drug use, and sexual activity.

He is .

Social History**Social History Narrative**

- Not on file

Review of Systems:

10 systems reviewed, negative except as mentioned in the HPI.

Objective

BP (l) 156/96 | Pulse 90 | Temp 37.2 °C (99 °F) (Temporal) | Ht 192.5 cm (6' 3.79") | Wt 124.9 kg (275 lb 5.7 oz) | BMI 33.71 kg/m²

General: Well-appearing obese male sitting in chair, in no acute distress.

Eye: No conjunctival injection or scleral icterus. PERRL.

HEENT: Normal mucosa. No oropharyngeal ulcers, exudates, or thrush noted. Neck supple. Tender to palpation, no cervical lymphadenopathy palpated.

Cardiovascular: S1 and S2 present. No murmurs, rubs, or gallops.

Respiratory: Breath sounds clear to auscultation bilaterally. No wheezes, rales, or rhonchi.

Abdominal: Normoactive BS+. Soft, diffusely tender, nondistended. No rebound tenderness or guarding.

Hepatomegaly, no other masses palpated.

Extremities: No clubbing, cyanosis, or edema. Able to move all extremities spontaneously. No joint swelling or induration noted.

Skin: Warm, no rashes noted (groin not visualized).

Neuro: Alert and oriented to person, place, time, and situation. CNII-XII grossly intact. Normal strength and tone. Gait testing deferred.

Radiology:

None to review

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Microbiology:

None to review

All pertinent laboratory studies and imaging reviewed and discussed in assessment.

Antimicrobials:

As above

Assessment & Plan:

This is a 50 y.o. with PMH T2DM on metformin, HTN, asthma, OSA, and obesity p/w concern for "persistent Lyme" and "clinical babesiosis", neither of which are true clinical entities.

The patient likely has some undiagnosed musculoskeletal condition; we would recommend autoimmune and immunologic/rheumatologic evaluation. This would explain his improvement on atovaquone-proguanil. He does not have evidence of an infectious clinical syndrome. Babesiosis is not a clinical but rather a laboratory diagnosis (would be evident on blood smear). In addition, he has been on multiple antimicrobials for extended periods of time, often at inappropriate doses. At this time, recommend holding off on further antimicrobials. However, the patient states that he feels that he may have a disorder that is not being properly evaluated by "classical medicine." Patient should follow closely with a PCP for his other chronic diseases.

Impression:

Encounter Diagnoses

1. Fever of unknown origin (FUO)

ICD-10

CM

R50.9

Plan:

- Recommend further evaluation for other possible etiologies

>51 minutes spent chart reviewing this patient. Follow up in ID clinic as needed.

This patient was seen and discussed with Dr. Non.

Staff Involved

Staff and Resident/Fellow

Joseph Tholany, MD

Infectious Disease Fellow

Department of Internal Medicine

University of Iowa Hospitals and Clinics

Staff comments

I have interviewed and examined the patient and confirm the pertinent findings. I have discussed the case with the resident/fellow and agree with the findings and plan as documented.

Lemuel Non, MD

Infectious Diseases

University of Iowa

William Gergen

From: EISENGA MICHAEL (22263509)
Sent Date: Saturday, January 29, 2022 6:21 PM
To: bill.gergen@beaverdamlawyers.com
Subject: Recent message to Medical

Tom and Bill,

Below is a message I sent to Ms. Taylor who heads up medical at the prison. I am not sure if this is helpful for the motion or not. I never received a reply to this message.

FROM: 22263509
TO: Health Services
SUBJECT: ***Request to Staff*** EISENGA, MICHAEL, Reg# 22263509, TOM-M-C
DATE: 01/25/2022 03:46:44 PM

To: Ms. Taylor
Inmate Work Assignment: injury/follow up

Hi Ms. Taylor,

Last evening I was called out to remove snow. This caused me a hardship and injury. As a result my feet are still extremely sore today and my planter facialis has gotten very bad. Additionally my hypertension originally caused by my lack of access to my medications prescribed by Rebecca Keith has acted up to a very high amount of pain. I reported to medical this morning and asked for some muscle relaxants but was told to take pain relievers. I was forced to call in sick this morning to my facility job running the tool room due to these injuries.

I would like to receive some stronger pain medication and some muscle relaxants to help me recover from my injuries. Also I would request a med pass from snow duty. My health issues are well documented by your department. The validity of these issues and symptoms are not questioned by your department only your refusal to offer the treatments that had been effective prior to my self reporting, because BOP has deemed these ineffective. As of this writing, BOP has not moved forward with any of the further tests your own "specialist" advised nor are you providing me any treatment whatsoever to accommodate the lack of treatment BOP refuses to provide that was prescribed by a specialist and I have provided proof to you and your specialist of its effectiveness. On top of this your specialist expressed that he believes my health issues are very likely a autoimmune disorder which if true puts me at much greater risk for covid and being part of the prison population in general.

Please reconsider and provide these treatments at least in the interim and put me on a med pass from the hard physical labor of snow removal.

Thanks,

Mike Eisenga
22263-509